

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

APPLICATION AS FILED – PART I

(Column 1)

(Column 2)

SMALL ENTITY

• OR

**OTHER THAN
SMALL ENTITY**

| (Column 2) | | | SMALL ENTITY | |
|--|---|--------------|--------------|-----------|
| FOR | NUMBER FILED | NUMBER EXTRA | RATE (\$) | RATE (\$) |
| BASIC FEE (37 CFR 1.16(a), (b), or (c)) | | | | |
| SEARCH FEE (37 CFR 1.16(k), (l), or (m)) | | | | |
| EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) | | | | |
| TOTAL CLAIMS (37 CFR 1.16(l)) | minus 20 = | | X = | X = |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | minus 3 = | | X = | X = |
| APPLICATION SIZE FEE (37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(l)) | | | TOTAL | TOTAL |
| <p>* If the difference in column 1 is less than zero, enter '0' in column 2.</p> | | | | |

If the difference in column 1 is less than zero, enter '0' in column 2.

TOTAL

TOTAL

APPLICATION AS AMENDED – PART II

| | | (Column 1) | (Column 2) | (Column 3) | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | | |
|---|---------------------------------------|---|------------|---|--------------------|-----------|-----------------------------|----------------------------|-----------|-----------------------------|
| AMENDMENT A | 9/12/65 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDI- TIONAL FEE (\$) | | RATE (\$) | ADDI- TIONAL FEE (\$) |
| | Total (37 CFR 1.16(j)) | 26 | Minus | 20 | = 6 | X = | | | X = 50 | = 300 |
| | Independent (37 CFR 1.16(h)) | 6 | Minus | 3 | = 3 | X = | | | X = 200 | = 600 |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | TOTAL ADD'L FEE | | | TOTAL ADD'L FEE | | |
| | | (Column 1) | (Column 2) | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE (\$) | ADDI- TIONAL FEE (\$) | | RATE (\$) | ADDI- TIONAL FEE (\$) |
| | Total (37 CFR 1.16(j)) | | Minus | ** | = | X = | | | X = | |
| | Independent (37 CFR 1.16(h)) | | Minus | *** | = | X = | | | X = | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | TOTAL ADD'L FEE | | | TOTAL ADD'L FEE | | |

- If the entry in column 1 is less than the entry in column 2, write "T" in column 3.

** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.

*** If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number previously paid for in 1995. If AGE is less than 5, enter

collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the citizen, organization, or entity that is subject to this provision.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.